

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT
APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION
FILE BIENNIALY
FILING PERIOD FEB. 1 - OCT. 1

1. NAME (Last) (First) (Middle Initial)	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial)	SPOUSE'S SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE	TELEPHONE NO.

4. MARITAL STATUS: Married Unmarried (Single, Divorced, Widow/Widower, or Legally Separated)

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

- A. GROSS INCOME - Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income Plus any other income and attach a copy of the return to this application. A. \$ _____
- B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds B. \$ _____
- C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - (Gross Amount) C. \$ _____
- D. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income (SSI), State of Connecticut public assistance payments, General Assistance, and any other income not listed above. D. \$ _____
- NOTE: Veterans' Disability payments are not considered income for this program. E. TOTAL Add lines 5a through 5d E. \$ _____

6. Are you presently receiving a 100% disability rating from the Veteran's Administration? Yes No

7. APPLICANT'S AFFIDAVIT: The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State exemption in accordance with Section 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Date signed (Mo, Day, Yr)

X

__/__/__

STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION:

Amount \$

9. INDICATE INCOME LEVEL USED: DISABLED INCOME LEVEL NOT DISABLED INCOME LEVEL

10. QUALIFYING INCOME (use Line 5e, EXCEPT if the the answer to line 6 is YES, use Line 5a)

\$

11. ADDITIONAL EXEMPTION ALLOWED:

(If less than full additional exemption used, NOTE FULL EXEMPTION here: _____)

\$

12. EXEMPTION APPLIED TO: Real Estate Personal Property Motor Vehicles Motor Vehicle Supplemental

Account No.:

13. ASSESSOR'S AFFIDAVIT

- I am satisfied that the above named applicant meets all the necessary statutory requirements.
- This claim is disallowed for the following reason:

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

Date signed (Mo, Day, Yr)

X

__/__/__

TOWN OF PLYMOUTH
ASSESSOR'S OFFICE
TERRYVILLE, CT 06786

APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION (LOCAL)
(Public Act 83-361 of the Connecticut Statutes 12-81f)

Applications must be filed no later than OCTOBER 1, 2014

NAME: BIRTHDATE: SOCIAL SECURITY #

SPOUSE'S NAME: BIRTHDATE: SOCIAL SECURITY #

ADDRESS:

MARTIAL STATUS:

Are you receiving a veteran's exemption in accordance with section 12-81 of the Connecticut General Statutes? Yes _____ No _____

Did you file a Federal Income Tax Refund for the calendar year of 2013? Enter the amount of the adjusted Gross Income: \$ _____

Non-taxable Income received during the calendar year of 2013.
(Source examples: Municipal bonds, trusts, annuities, pensions, Social security, railroad retirement income, etc.) \$ _____

Income must not exceed \$34,100 single or \$41,600 married.

TOTAL: \$ _____

The applicant is entitled to the following Veteran's Exemption \$ _____

SIGNATURE OF APPLICANT

ASSESSOR

DATE

If disallowed, give reason: _____